PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER THAN		
TOTAL CLAIMS			49					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			minus 20=		. 29		1	X\$ 9=		OR	3/2/2	525	
INDEPENDENT CLAIMS				inus 3 =	• 1			X42=		OR	X84=	168	
_		NDENT CLAIM P						+140=		OR	+280=	Ψ.σ.	
* If the difference in column 1 is less than ze					r "O" in c	olumn 2		TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	-48	Minus	4	9	= (8)	↓	X\$ 9=		OR	X\$18=		
	Independent	+ 5	Minus	PENDEND	CL AIM	- 10	↓ [X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							٦ [+140=		OR	+280=		
BEST AVAILABLE COPY							L	TOTAL DDIT, FEE			TOTAL ADDIT. FEE		
		(Column 1)	22.00	(Colur	nn 2)	(Column 3		IDDII. FEE L			ADUII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA][RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		•	11	X42=	,	OR	X84=		
	PIRST PRESE	NTATION OF MU	JETIPLE DE	PENDENT	CLAIM		┙┟	+140=		OR	+280=		
		(Column 1)		(Colur	nn 2)	(Column 3)		TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA	<u></u>	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	J [X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***			4 h	X42=		OR	X84=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		┙┞	+140=					
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											ADDIT. FEE		
•	The "Highest Nun	nber Previously Pai	d For* (Total o	r Independe	ent) is the	highest numb	er four	nd in the app	ropriate box	in cot	umn 1.		